U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5743	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Michael J Durant	Name Ironworkers Local 7	
	Labor Organization File Number 033-092	
P.O. Box, Bidg., Room No., if any P.O. Box 7	P.O. Box, Building and Room Number, if any P.O. Box 7	
Street 195 Old Colony Avenue	Street 195 Old Colony Avenue	
City South Boston	City South Boston	
State Massachusetts  Description in the control of	State Massachusetts ZIP Code + 4 02127	
5. Position in labor organization.  Business Agent		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6 Name and address of Employer (including trade name if any)		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name	7.a. Nature of Interest, Transaction, or Income.	
	7.a. Nature of Interest, Transaction, or Income.	
Name [		
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.	
Name Trade Name, if any:		
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	7.b. Amount.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the	

Name of Person Filing Michael Durant	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Iron Workers District Council LMCT  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 96  Street 191 Old Colony Avenue  City South Boston  State Massachusetts ZIP Code + 4 02127	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Iron Workers District Council LMCT is a Taft-Hartley Trust that is funded from contributions made pursuant to collective bargaining agreements between Iron Workers Local 7 and various signatory construction employers.	
Street	11.b. Approximate dollar value of such dealing.	
City	Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	
State ZIP Code + 4	Meeting related travel, meals and lodging.	
	12.b. Amount. \$985	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name (		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Michael	Durant	File Number <b>U-</b>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local 7 Apprentice Training Committee	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 191 Old Colony Avenue	c. Employer	
City South Boston		
State Massachusetts ZIP Code + 4 02127		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Local 7 Apprentice Training Commit Hartley Trust that is funded from	contributions
Trade Name, if any:	made pursuant to collective bargai between Iron Workers Local 7 and v construction employers.	ning agreements arious
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Meeting related travel, lodging an	d meals.
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	12.b. Amount.	

Name of Person Filing Michael	Durant	File Number <b>U-</b>
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Iron Workers District Council H&W Fund	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 161 Granite Avenue	c. Employer	
City Dorchester		
State Massachusetts ZIP Code + 4 02124		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Iron Workers District Council H&W Fund is a Taft- Hartley Trust that is funded from contributions made pursuant to industry collective bargaining	
Trade Name, if any:	agreements including agreements between Iron Workers Local 7 and various signatory construction	Section 1
P.O. Box, Bldg., Room No., if any	employers.	
Street	Accessors to the second	
		Charles of the second second like
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Meeting related travel, lodging and meals.	
	12.b. Amount. \$1,44	2

Name of Person Filing Michael	Durant	File Number <b>U</b> -

## **Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Freedom Capital Management	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street One Beacon Street	c. Employer	
City Boston		
State Massachusetts ZIP Code + 4 02108		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers District Council Pension Fund	Freedom Capital is an investment management c that provided services to the Iron Workers Di Council Pension Fund.	
Trade Name, if any:	Council Fension Fund.	
P.O. Box, Bldg., Room No., if any		
Street 161 Granite Avenue		
City Dorchester		
State Massachusetts ZIP Code + 4 02124	11.b. Approximate dollar value of such dealing.	Control of the contro
	12.a. Nature of interest held or income received.	обленной ферму (предустатация из негото обласния от настоем от этом из на Наподера и Пермога и пата ставования
	Meeting related meal.	
		MONES of the Control
	12.b. Amount.	\$65